

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035224

STATE FILE NUMBER

FILED SEP 23 1958		Registration District No. 347	Primary Registration District No. 6166	Registrar's No. 62
1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt. # 2 Aurora, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Aurora, Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. # 2		Length of stay in lb 73 yrs.	d. STREET ADDRESS Rt. # 2	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Harley Last Baxter			4. DATE OF DEATH Month Sept. Day 11 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 29, 1878	
9. AGE (In years) 80		10. IF UNDER 1 YEAR Months 13 Days 13 Hours 13 Min. 13		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Brookline, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME John Ezekial Baxter		13b. MOTHER'S MAIDEN NAME Elizabeth Girard		14. NAME OF HUSBAND OR WIFE Lillian Baxter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Lillian Baxter Rt. #2 Aurora, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Arteriosclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) 2nd Cerebral Thrombosis 4 months ago. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201				INTERVAL BETWEEN ONSET AND DEATH 2 Years.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. Month, Day, Year				
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION Marionville, Mo.		20g. COUNTY Stone		
20h. STATE Mo.				
21. I attended the deceased from 1946 , to Sept 11, 1958 and last saw him alive on Sept 11, 1958 Death occurred at 6:00 A. m on the date stated above; and to the best of my knowledge from the causes stated.				
22a. SIGNATURE D. P. [Signature] (Degree or title)		22b. ADDRESS Aurora, Mo.		22c. DATE SIGNED 9-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 13, 1958		23c. NAME OF CEMETERY OR CREMATORY Odd Fellows
23d. LOCATION (City, town, or county) Marionville, Mo.		23e. (State)		
24. FUNERAL DIRECTOR J. B. [Signature] ADDRESS Marionville, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 15-58		26. REGISTRAR'S SIGNATURE Mrs. J. Elmer Brascan per Lena Murray

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William A. Fuller*

Licensed Embalmer No. *4658*

P. O. Address *Marionville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.